

Delaware Health Care Commission
Thursday, June 4, 2015 9:00 a.m.
Delaware Tech Terry Campus Corporate Training Center
Rooms 400A & B
100 Campus Drive, Dover

Meeting Minutes

Commission Members Present: Bettina Riveros, Chairperson; Theodore W. Becker, Jr.; Thomas J. Cook, Secretary of Finance; Susan A. Cycyk, M.Ed, Director of Prevention and Behavioral Health Services, Department of Services for Children, Youth and Their Families; A. Richard Heffron; Rita Landgraf, Secretary, Delaware Health and Social Services; Janice L. Lee, MD; Kathleen Matt, PhD; Janice E. Nevin, MD, MPH; and Karen Weldin Stewart.

Commission Member Absent: Dennis Rochford.

Staff Attending: Michelle Amadio, Executive Director; and Marlyn Marvel, Community Relations Officer.

CALL TO ORDER

The meeting was called to order at 9:00 a.m. by Bettina Riveros, Commission Chair.

MAY 7, 2015 MINUTES

Commissioner Karen Stewart made a motion that the May 7, 2015 meeting minutes be approved. Ted Becker seconded the motion. There was a voice vote. Motion carried.

STATE LOAN REPAYMENT PROGRAM

Funding Update

The Health Care Commission reviewed the State Loan Repayment Program funding update that is attached to these minutes.

Review of Applications

Michelle Amadio stated that the State Loan Repayment Committee, DIDER Board of Directors and DIMER Board of Directors have reviewed the applications for this period and have approved the following applicants.

New Eligible Sites:

Bayhealth Womens Care Associates

- Kent County
- Recruit: Olubusola Ogunlade, MD

Connections CSP (Community Support Programs)

- New Castle County
- Recruit: Louis Arena, PA

Eligible Applicants:**Katherine M. Townsend, DMD**

- Doctor of Dental Medicine / General Dentistry
- Westside Family Healthcare / New Castle County
- Start Date: 05/12/14
- Recommended Award: \$70,000

Stacey Kemp, NP

- Nurse Practitioner
- La Red Health Center / Sussex County
- Start Date: 08/20/14
- Recommended Award: \$35,000

Diana Carbone, LPC

- Licensed Professional Counselor; Depression / Anxiety / ADHD / Trauma / Personality Disorder Adjustments – Bipolar / Oppositional Defiant Disorder
- Delaware Guidance Services / Sussex County
- Start Date: 06/02/14
- Recommended Award: \$35,000

Nadya Julien, NP

- Nurse Practitioner / Family Practice
- La Red Health Center / Sussex County
- Start Date: 03/14/14
- Recommended Award: \$35,000

Taylor A. R. Burge, NP

- Nurse Practitioner / Family Nurse Practitioner
- Westside Family Healthcare / New Castle County
- Start Date: 01/20/15
- Recommended Award: \$30,500

Louis W. Arena, PA

- Physician Assistant
- Connections CSP (Community Support Programs) / New Castle County
- Start Date: 03/02/15
- Recommended Award: \$35,000

Olubusola Ogunlade, MD

- Medical Doctor / OBGYN
- Bayhealth Women's Care Associates / Sussex County
- Start Date: 09/15/14
- Recommended Award: \$70,000

Zoe Belcher-Timme, PsyD

- Psychologist / Clinical Psychology
- Delaware Psychiatric Center / New Castle County
- Start Date: 02/09/15
- Recommended Award: \$35,000

Ms. Amadio stated that all of the applicants are eligible, all loans are verified and the Health Care Commission has the funds available to support the recommended awards.

Mr. Becker stated that it is very good to see so many well qualified applicants at practice sites statewide. In addition, all of the awards will be funded with a combination of state and federal funds, as planned.

Action

Susan Cycyk made a motion that the Health Care Commission approve the recommended loan repayment awards. Ted Becker seconded the motion. There was a voice vote. Motion carried.

AFFORDABLE CARE ACT/HEALTH INSURANCE MARKETPLACE UPDATE

Secretary Rita Landgraf stated that in the week that Delawareans are mourning the loss of Beau Biden, his illness and passing is a reminder of the critical role that health care plays. She offered a moment of silence in honor of Beau Biden.

Secretary Landgraf presented an update on Delaware's Health Insurance Marketplace and Essential Health Benefits Benchmark for Plan Year 2017. A copy of the presentation is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhss/dhcc/presentations.html>.

CMS Out-of-Pocket Comparison Tool

- Centers for Medicare & Medicaid Services (CMS) is seeking input on a proposed Out-of-Pocket Cost Comparison Tool for use on HealthCare.gov
- The Tool will:
 - Help consumers make more informed choices about their health insurance coverage
 - Help consumers pick a plan that will best meet their needs
 - Allow shoppers to see estimates of total spending (to include premiums and cost-sharing) across various health insurance plans.
- Input may be submitted to CMS by June 29, 2015, to: OutofPocketCostEstimator@cms.hhs.gov
- The bulletin is available at: http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/OOP-Cost-Comparison-Tool-Bulletin_05-29-2015.pdf

Maintaining Marketplace Options

- Delaware continues its due diligence to ensure a Marketplace model that provides:
 - The best continued benefit for Delawareans
 - Continued state oversight of consumer assistance and plan management
 - A cost-effective model for financial sustainability that provides economy of scale
- Under the current State Partnership model, of the 25,036 Delawareans who enrolled on the Marketplace, about 84%, or more than 21,000 were eligible for financial assistance.
- Delaware is maintaining the State's options pending a Supreme Court ruling that may impact eligibility for financial assistance.

One Option: Supported State-Based Marketplace (SSBM)

- One of the options available to Delaware is to operate as a Supported State-Based Marketplace (SSBM).
- Under the SSBM option, Delaware would maintain consumer assistance and plan management functions as well as final Medicaid eligibility determination, and would continue to use the federal technology platform (HealthCare.gov) and related services.
- This is similar to current SSBM models in Oregon, Nevada, and New Mexico.
- Delaware's approach to implementation of the State Partnership model supports a smooth transition to a SSBM.

QHP Review Activities for Plan Year 2016

- Delaware's Plan Management team has completed its initial review of plan submissions
 - **Delaware met the first CMS deadline for initial data transfer to the federal team on May 15**
- The second part of the QHP Review is underway, with a focus on more detailed analysis of issuer/plan compliance

Requested Rates

On June 1, 2015, the Department of Insurance announced that rate requests had been received from Highmark BCBS and Aetna, Inc. for their 2016 Marketplace plans.

For individual plans Highmark BCBS has requested an average increase of 25.4 percent and Aetna, Inc. has requested an average increase of 16 percent. For small group plans Highmark BCBS has requested an average increase of 12.7 percent and Aetna, Inc. has requested an average decrease of 6.1 percent.

Detailed rates and insurers' justifications may be viewed at <https://ratereview.healthcare.gov/>

Comment Period for Requested Rates

- The Department of Insurance will conduct public information sessions on the proposed rates:
 - **Monday, June 15, 1:00pm**
Delaware Tech Owens Campus, 21179 College Dr., College Theater (Arts & Science Center), Georgetown
 - **Monday, June 15, 6:00pm**
Insurance Dept., 841 Silver Lake Blvd., Dover
 - **Tuesday, June 16, 6:00pm**
Carvel State Office Bldg., 820 N. French St., Auditorium/Mezzanine Level, Wilmington
- Written comments will also be accepted between June 15 and July 15, 2015, at ratedivision@state.de.us

Key Dates

- June 15 to July 15, 2015 is the public comment period on requested rates
- November 1, 2015 is the beginning of open enrollment for plan year 2016.
- January 31, 2016 is the end of open enrollment for plan year 2016.
- Medicaid enrollment is open all year.
- Small businesses can enroll in SHOP at any time.

- Only those with qualifying life events, such as birth/adoption of a child, loss of minimum essential coverage, aging out of parents' insurance at age 26, etc., may enroll in the Marketplace outside of open enrollment.

Discussion

Secretary Landgraf stated that for the thousands of Delawareans who have private coverage through the Health Insurance Marketplace the requested rate increases are significant and worthy of close examination. Commissioner Stewart and her team at the Department of Insurance are reviewing the requests. Secretary Landgraf also expects that the Centers for Medicare and Medicaid Services (CMMS) will provide a comprehensive review of these requests as part of the certification process. The month long public comment period and the three public information sessions will give Delawareans an opportunity to share their views on the proposed increases and hear about the justifications for the requests directly from the insurance company representatives prior to Delaware submitting the final rates for the federal approval which will occur this summer.

Insurers in Delaware and across the country cite rising medical costs as one of the reasons for the proposed increases. That is a reminder of the important work in which many people have been engaged in to help reverse this trend.

The Delaware Center for Health Innovation (DCHI) is working on a State Innovation Model (SIM) inclusive of providers, insurers, and consumers to change the way health care is delivered and paid for in Delaware in order to maintain access to care and support keeping costs reasonable.

Commissioner Stewart stated that the Department of Insurance thinks that the requested rates are high. It is important for people to attend the public information sessions where they will have an opportunity to provide public comments. The Department of Insurance has also set up a special website for people to submit comments over the next thirty days.

The Department of Insurance actuaries are carefully reviewing the rate requests. The cost of health care in Delaware is extremely high and it is a very large cost driver. The Department of Insurance has no control over the costs that are being charged by the hospitals or physicians.

Dr. Jan Lee asked if the Department of Insurance has the ability to verify that the rates set represent the correct percentage of costs. For example, the bronze plan is supposed to cover 60 percent, silver 70 percent, gold 80 percent and platinum 90 percent of the costs. She asked if there is any independent verification beyond the representation of the insurance companies that the rates actually represent those percentages.

Commissioner Stewart stated that independent actuaries thoroughly review each item line by line and ask questions. Linda Nemes stated that the actuaries are highly trained individuals. While reviewing the rate request there is a lot of interaction back and forth between the insurance companies and the actuaries. Nothing is being accepted at face value and they will continue asking questions until the responses are satisfactory.

Dr. Janice Nevin stated that when people who have not previously had care get insurance and use that insurance to access care it is expensive. It is a utilization issue and a care delivery system issue, rather than a price issue. That is the challenge.

Christiana Care has been busier than expected this year, mainly due to the newly insured showing up. They are in poor health and Christiana Care works hard to treat them and get them connected to primary care. There are costs involved in initially helping people get the treatment they need, including chronic disease management and preventive care. It took Massachusetts about seven years to reach a 98 or 99 percent penetration of insurance and they are starting to see some significant changes in health outcomes. The challenge for Delaware is to figure out how to navigate through the first few years knowing that there is a payoff.

A member of the public asked if the state has filed anything with the Centers for Medicare and Medicaid Services (CMS) for the Supported State-Based Marketplace.

Secretary Landgraf stated that Delaware filed a blue print with CMS on June 1, 2015 indicating that it is interested in exploring moving from a State Federal Partnership to a Supported State-Based Marketplace. This action does not commit Delaware to implement that option. It just informs CMS that Delaware is interested in exploring that option.

Ms. Riveros stated that the Supported State-Based Marketplace model substantially mirrors operationally what Delaware has implemented over the last several years in implementing the partnership model where it maintains management of the qualified health plans, final Medicaid eligibility determinations, and consumer outreach and assistance.

Wayne Smith, of the Delaware Healthcare Association, asked if the option that Delaware is trying to pursue entails additional costs and, if it does, what the magnitude is going to be.

Secretary Landgraf stated that they are currently reviewing that and there are still some unknowns. They are committed to determining what is in the best interest of Delawareans and the most fiscally responsible implementation.

A member of the public asked about the subsidies and tax credits.

Secretary Landgraf stated that about 84 percent of Delawareans, or more than 21,000, rely on that financial subsidy. They are very committed to what is in the best interest to preserve those subsidies. That is currently being debated at a higher level in the Supreme Court. They cannot gauge what the Supreme Court ruling will be. Delaware is in a unique position because it is a Federal State Partnership. As a result, it may be viewed differently than states that solely rely on the Federally Facilitated Marketplace.

CENTER FOR MEDICARE & MEDICAID INNOVATION (CMMI) – STATE INNOVATION MODELS (SIM) PROJECT

Ms. Riveros gave an update on the CMMI State Innovation Models Project (SIM). A copy of the presentation is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhss/dhcc/presentations.html>.

At the May meeting of the Delaware Center for Health Innovation (DCHI) Board the Board approved testing of the common scorecard and approved the consensus paper on practice transformation. The consensus paper will be referenced in the Health Care Commission's Request for Proposals (RFP) for practice transformation services, which is final and with state procurement for final review and issuance.

The consensus paper on primary care practice transformation can be found at <http://dhss.delaware.gov/dhss/dhcc/files/consensuspaperonracticetrans.pdf>.

Practice transformation support should begin in the fourth quarter of 2015.

The next meeting of the DCHI Board will be held on June 10, 2015 at 2:00 p.m. in Room 113 at the University of Delaware's STAR Campus.

Discussion

Dr. Nevin asked if there has been a conversation about coordinating care coordinators. One concern is that the practice of helping people get the help they need with care coordination is creating another system that is very confusing for patients. The Christiana Care Health System is addressing that issue so that patients do not have a care coordinator for every condition that they might have. The patient has to figure out who to call. She asked what is being done to ensure that a patient knows who to call when they need help.

Ms. Riveros stated that one thing that was identified quite early in the discussions on developing the State Innovation Plan was around making sure the care coordination is close to the patient's provider. It was learned that it was sometimes more on the payer side which was not as helpful. Another question that has been asked is does a patient have to have a coordinator to coordinate his care coordinators. That is an area that they will be addressing. The Clinical Committee is going to be developing recommendations on care coordination. They know that this needs to be addressed and they need to talk with the stakeholders and ask how they can best address this.

Dean Kathy Matt stated that this should be a topic in the cross stream meeting. In the early discussions in the Workforce and Education Committee there was a lot of discussion around care coordination that involved the hospitals, the healthy neighborhood, etc. It needs to be determined if care coordination is a person or a skill set. That discussion is continuing in the community. Dean Matt keeps hearing that it is a skill set. Adding additional people adds additional cost. Care coordination could be part of the education system for the next generation of health care workers.

Secretary Landgraf stated that, from the patient's perspective, what she always hears in the Patient and Consumer Advisory Committee is that a glossary of terms is needed.

Ms. Riveros stated that it is helpful to think about it as care coordination, rather than just a care coordinator.

Cheyenne Luzader, of Beebe Healthcare, stated that when people talk about integration it is important to remember other licensed practitioners, such as acupuncturists, chiropractors and message therapists. A new report has come out on the cost effectiveness of using these practices at a much reduced cost than surgery, etc. It is important to keep in mind that Delaware has a robust community of complementary and alternative practitioners that are underutilized as a first line of therapeutic help for people, as well as life style change. The integrated services glossary needs to include the integration of complementary and alternative practitioners.

DELAWARE MEDICAL ORDERS FOR SCOPE OF TREATMENT (DMOST) UPDATE

Michelle Amadio stated that the DMOST law was signed by Governor Markell last week. This is an actual medical order where a patient experiencing end stage disease or life limiting medical conditions can make a decision with their physician that can be carried from one level of care to another, in patient or outpatient, to make sure that the patient's wishes are respected. It will direct whether they are to provide full care and resuscitation or not, and make sure that the utilization of medical resources across the continuum of care are well used and appropriate.

OTHER BUSINESS

There was an opportunity for other business and there was none.

PUBLIC COMMENT

Wayne Smith, of the Delaware Healthcare Association, stated that the statement made earlier about the cost of health care in Delaware and its status as a high cost state needs to be put in context. Delawareans are older, more obese and smoke more than residents of the average state. Those are three of the biggest determinants of the cost of care. With Delaware's beaches and tax structure in Sussex County it basically invites people to come and spend the medically most expensive portion of their lives in Delaware incurring those costs. There are a lot of great opportunities with care coordination and Delaware is on the right track. Decreasing health care costs in Delaware is going to be extremely difficult because it has a high maintenance and high expense population primarily because of the age distribution.

Secretary Landgraf stated that she previously worked with the AARP and Delaware had high cost expenditures, especially in the Medicaid program, primarily because facility based care was utilized for people who no longer required that level of medical care and there were relatively few options for community based care. That is why she thought it was critically important to look at moving the state's long term support services into the managed care environment in order to provide individualized support for people to age in place in their own home with medical wrap around support. For every person served in a long term care facility, three can be served in the community. Delaware has made great strides but needs to do more along those lines. It needs to involve groups like the Greater Lewes Community Village and the Brandywine Village Network that are private membership groups for the aging population that utilize volunteers to support people in their homes as they age, especially in the area of transportation.

Mr. Smith stated that those are great initiatives; however, the demographic facts in Delaware still need to be recognized.

Dr. Jan Lee stated that the State Innovation Plan states that Delaware's aspiration is to become one of the five healthiest states in the nation. With that as a goal, Delaware is comparing itself with the demographics of all of the other states. It would be interesting to know which states have demographics similar to Delaware. It would be interesting to see how Delaware compares and what can be learned from states who are doing better.

Jacqueline Vogle stated that she moved to Sussex County from another state. In 55 and older communities what she sees in Delaware compared to Arizona and New York is an overabundance of obese people. Education is paramount to changing the amount of health care that is needed. She is very concerned about her community. There is a high incidence of cancer and deaths of people in their 60's. That is not the case in Arizona where people are very health conscious. Delawareans need to focus on that. The issue is not an aging population. The issue is an unhealthy population.

Jonathan Kirch, of the American Heart Association, stated that these things cannot be addressed from a public policy angle in the clinical setting. They can be addressed from a public policy angle that is outside the clinical setting. The American Heart Association knows precisely how they can drive down smoking and tobacco use rates. They have proposed some public policies to address these problems. He hopes that the General Assembly and the Governor will look at them very seriously and post them.

George Meldrum, of Nemours, stated that he thinks there have been public policy issues around increasing physical activity in the schools. He thinks legislation was passed to reflect concern about childhood obesity and hopefully in the coming years this agenda will be more successful.

Secretary Landgraf stated that the state's Planning Committee is looking at how to incentivize the built environment that is walkable, livable, and bikeable. Delaware is now the third state relative to bikeability in the nation.

Ted Becker stated that the State Office of Planning is doing a great job of comprehensive plans to make sure that communities are walkable. Every community in the state has a comprehensive plan which requires addressing those points. The Greater Lewes Community Village has shown a lot of interest in outlying areas. There has been a lot of interest in other communities around Lewes replicating the concept. They are about at capacity with their enrollment at this point and it has been very successful.

NEXT MEETING

The next meeting of the Delaware Health Care Commission is 9:00 a.m. on Thursday, July 2, 2015 at the DelTech Terry Campus Corporate Training Center, Rooms 400 A & B, 100 Campus Drive, Dover.

ADJOURN

The meeting adjourned at 10:40 a.m.

GUESTS

Janet Bailey	Hewlett Packard
Ray Brouillette	Easter Seals
Tynetta Brown	United Way
John Bryant	Division of Social Services
Judy Chaconas	Division of Public Health
Jeanne Chiquin	American Cancer Society
Mike Cordrey	ab&c
Kemal Erkan	United Medical
Jill Fredel	Department of Health and Social Services
Jim Grant	Department of Health & Social Services
Sheila Grant	AARP
Debbie Gottschalk	DHSS
Laura Howard	PCG
Ephraim Kaba	Henrietta Johnson Medical Center
Jonathan Kirch	American Heart Association
Jim Lafferty	Mental Health Association
Paul Lakeman	Bayhealth
Jerry Lapinski	MACHC
Cheyenne Luzader	Beebe Healthcare
Sarah Marshall	DSCYF/DPBHS
George Meldrum	A.I. DuPont Hospital
Richard Melke	
Randy Munson	United Medical
Maggie Norris	Westside Family Healthcare
Brian Olson	La Red
Judy Pappenhagen	Christiana Care Health System
Alex Parkowski	ab&c
Maria Pippidis	University of DE Cooperative Extension
Brian Rahmer	Christiana Care Health System
Paul Reynolds	Department of Insurance
Agnes Richardson	Delaware State University
Jen Rigby	Division of Public Health
Jill Rogers	DSAAPD
Paula Roy	Roy Associates
Shay Scott	Henrietta Johnson Medical Center
Wayne Smith	Delaware Healthcare Association
Karen Stoner	Highmark
Joanna Suder	Department of Justice
Mark Thompson	Medical Society of Delaware
Jose Tieso	HPES DMMA
Emily Vera	Mental Health Association
Jacqueline Vogle	

**State Loan Repayment Program
Funding Update as of June 4, 2015**

<u>SOURCE</u>	<u>PROGRAM</u>	<u>END DATE</u>	<u>AMOUNT</u>
State Funds		June 30, 2015	\$334,200 Total
	Unspent FY 13 DIMER SLRP Funds previously transferred to Higher Ed for a clinician who declined the award		\$ 17,500
	FY 14 DIMER SLRP Funds		\$ 4,030
	FY 15 DIMER SLRP		\$132,500
	FY 15 DIDER SLRP		\$ 90,000
	FY 14 remaining funds allocated to Temple University authorized to be used for DIMER or DIDER SLRP		\$ 2,670
	FY 15 remaining funds allocated to Temple University pending authorization to be used for DIMER or DIDER SLRP		\$ 87,500
Federal Funds		August 31, 2015	\$275,172 Total
	FY 14 DIMER or DIDER		\$ 47,672
	FY 15 DIMER or DIDER		\$227,500
Private Funds	FY 15 Highmark	June 30, 2015	\$ 74,097 Total